Jnited States Bankruptcy Court SOUTHERN DISTRIC 31288, Houston TX 77208 (Houston Divis	CT OF TEXAS P.O.Box sion)	PROOF OF CLAIM		
Name of Debtors	Case Number			
X Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-35896 Creditor ID#:		
*place an "x" beside the name of the Debtor you are filing a claim against	<u> </u>			
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
Kwix-Am	giving particulars.	12 1/2 1/3 1/3 0.		
Name and address where notices should be sent: ***********************************	Check box if you have never received any notices from the bankruptcy court in this case	Tiche of the County of the Cou		
PO Box 619 Moberly MO 65270-0619	Check box if the address differs from the address on the envelope sent to you by the	THE CANAL SEA		
	court. Check here replaces	* *		
Account or other number by which creditor identifies debtor: 53823		riously filed claim, dated:		
1. Basis for Claim Goods sold Services performed	Retiree benefits as defined in 11 l Wages, salaries, and compensation	on (Fill out below)		
Money loaned Personal injury/wrongful death Taxes	Your SS#: Unpaid compensation for services performed from to (date)			
	(date)	(date)		
2. Date debt was incurred:4/5/00 -5/18/00	3. If court judgment, date of	btained:		
4. Total Amount of Claim at Time Case Filed: \$5/3.06 If all or part of your claim is secured or entitled to priority, also completed	te Item 5 or 6 below. on to the principal amount of the claim.	Attach itemized statement of all interest or		
additional charges.	<u>.</u>	<u></u>		
5. Secured Claim Check this box if your claim is secured by collateral (including a right of setoff).	6. Unsecured Priority Claim Check this box if you have an Amount entitled to priority \$	unsecured priority claim		
Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible property of Debtor's Estate	Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).			
Value of Collateral: \$	personal, family, or household use - 1 Alimony, maintenance, or support owe 507(a)(7).	ed to a spouse, former spouse, or child - 11 U.S.C		
Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$	Taxes or penalties owed to governme Other – Specify applicable paragraph *Amounts are subject to adjustment on 4/ cases commenced on or after the date of	of 11 U.S.C. § 507(a). 1/98 and every 3 years thereafter with respect to		
 7. Credits: The amount of all payments on this claim has been credited and detection the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, fovoices itemized statements of running accounts, concourt judgments, mortgages, security agreements, and evidence of perfection or court judgments. 	th as promissory stracts, of lien.	This Space Is for Court Use Only		
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available,	explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your state.	our claim,			
explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your enclose a stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other copy of power of attorney, if any):		314		

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STAGE STURES

% REYNOLDS MEDIA

HOUSTON, TX 77057

53828

P.O. Box 619 Moberly Missouri 65270 (660) 263-1500

INVOICE AND STATEMENT

Page 1

State of Missouri

County of Randolph

The Undersigned Having Been Duly Sworn, Deposes and Says That Broadcasting Service Has Been Rendered by Radio Station KWIX in Accordance With the Accompanying Statement:

SS:

By Arnett

Subscribed and Sworn to Before

Me this day of Hpr 11

Tamara Peal Buntin

10/09/2003 My Commission Expires.....

4/30/00

BILLING DATE

Invoice # 167

Advertiser: STAGE STORES

2425 FOUNTAINVIEW, #355

PLEASE RETURN THIS PORTION WITH PAYMENT.

1.14	PLEASE RETURN THIS PORTION V				
DATE	ACCOUNT / RUN DETAIL	LENGTH	NO. RUN	RATE	AMOUNT
•	BALANCE FROM LAST STATEMENT				256.53
4/05/00 4/06/00 4/06/00	ADS 5:16a 6:36a 8:13a 9:58a 10:23a	50 60 60		20.12 20.12 20.12	100.60 100.60 100.60
	Total Sales 301.80 Discount on Sales		1.5		

PAST DUE AFTER PAYMENT IS DUE UPON RECEIPT. PROMPT PAYMENT IS APPRECIATED. 10 DAYS.

SalesRep : HOWARD

PAYMENT DUE UPON RECEIPT AND BECOMES PAST DUE 10 DAYS AFTER RECEIPT. A finance charge of 11/2% per month, which is an annual percentage rate of 18%, will be added to the unpaid bill at the end of he month. 10% REBATE ON 52-WEEK CONTRACT

CURRENT	30 DAYS	60 DAYS	90 AND OVER	KWIX
256, 53	256.53	0. 00	Ø. D Ø	513.06
THIS INVO	ICE WAS PREPARED FROM OFFICIAL STAT	TION PROGRAM LOGS PLEAS	SE PAY THIS AMOUNT.	



P.O. Box 619 Moberly Missouri 65270 (660) 263-1500

INVOICE AND STATEMENT

Page 1

County of Randolph The Undersigned Having Been Duly Sworn, Deposes and Says That Broadcasting Service Has Been Rendered by Radio Station KWIX in Accordance With the Accompanying Statement:

Pyinherty-Armett

Subscribed and Swom to Before

不容服的方法,不愿意主,我也可专主MOTARY PUBLIC 10/09/2003

My Commission Expires.....

5/28/00

Invoice # 7 BILLING DATE

2425 FOUNTAINVIEW, #355

STAGE STORES

7 REYNOLDS MEDIA

HOUSTON, TX 77057

53828

Advertiser: STAGE STORE	S PLEASE RETURN THIS POR	TION WITH PAYME	 ·	OTCS # 1	<u> </u>
DATE	OUNT / RUN DETAIL	LENGTH		RATE	AMOUNT
DATE BALANCE FROM LAST STA 5/01/00 PAYMENTS - CHECK # 64	OUNT / RUN DETAIL TEMENT			20.12 20.12 20.12	AMOUNT 513. Ø6 256. 53- 100. 60 100. 60 100. 60
				•	

PAYMENT IS DUE UPON RECEIPT. PAST DUE AFTER 10 DAYS. PROMPT PAYMENT IS APPRECIATED.

SalesRep : HOWARD

PAYMENT DUE UPON RECEIPT AND BECOMES PAST DUE 10 DAYS AFTER RECEIPT. A finance charge of 11/2% per month, which is an annual percentage rate of 18%, will be added to the unpaid bill at the end of the month, 10% REBATE ON 52-WEEK CONTRACT

CURRENT	30 DAYS	30 DAYS 60 DAYS 90 A		KWIX	
256.53	256.53	Ø. Ø0	Ø. ØØ	513. 26	